

FAMILY PORTRAIT

HUSBAND JOHN MURRAY MURDOCH
 Birth 1 May 1874
 Place Heber, Wasatch, Utah
 Married 30 January 1904
 Place Salt Lake Temple, Utah
 Death 26 April 1928
 Place Heber, Wasatch, Utah
 Burial 29 April 1928
 Place Heber, Wasatch, Utah
 Father John Murray MURDOCH
 Mother Isabella CRAWFORD
 Other Wives (2) Cora Leona VAIL



WIFE MINNIE MARIE MILLER (1)
 Birth 13 October 1878
 Place Near Heber, Wasatch, Utah
 Death 19 December 1911
 Place Park City, Summit, Utah
 Burial
 Place Heber, Wasatch, Utah
 Father Rasmus Nelson MILLER
 Mother Anna Maria MIKKELSEN
 Other Husbands
 Information From James Murdoch
 & John Murray Murdoch records

1ST CHILD Minnie MURDOCH
 Birth 1905 (Stillborn)
 Married
 Date
 Place
 Death
 Burial

2ND CHILD Annabell MURDOCH
 Birth 10 September 1907 Park City, Summit, Utah
 Married
 Date
 Place
 Death 14 September 1906 Park City, Summitt, Utah
 Burial



3RD CHILD Oliver Painter DAWSON
 Birth 25 February 1909 Park City, Summit, Utah
 Married Oliver Painter DAWSON
 Date 29 May 1930
 Place Brigham, Box Elder, Utah
 Death 12 February 1980 Idaho Falls, Bonneville, Idaho
 Burial 16 February 1980 Idaho Falls, Bonneville, Idaho



4TH CHILD Raymond Nelson MURDOCH
 Birth 18 November 1911 Park City, Summit, Utah
 Married Shirley Maude DICKSON
 Date 27 June 1934
 Place Salt Lake City, Salt Lake, Utah (Temple)
 Death 30 October 1975 California
 Burial California

HUSBAND JOHN MURRAY MURDOCH
 Birth 1 May 1874
 Place Heber, Wasatch, Utah
 Married 5 January 1921
 Place Salt Lake City, Utah
 Death 26 April 1928
 Place Heber, Wasatch, Utah
 Burial 29 April 1928
 Place Heber, Wasatch, Utah
 Father John Murray MURDOCH
 Mother Isabella CRAWFORD
 Other Wives 1-Minnie Marie MILLER



WIFE CORA LEONA VAIL (2)
 Birth 12 March 1894
 Place Chapin, Fremont, Idaho
 Death 10 September 1970
 Place Salt Lake City, Utah
 Burial 14 September 1970
 Place Midway, Wasatch, Utah
 Father John Riley VAIL
 Mother Alice WHITE
 Other Husbands 1-Jesse BIGLER
 3-James Earl WALL 4-Jack McKNIGHT
 Information From Family Records



1ST CHILD Phyllis MURDOCH
 Birth 17 August 1926
 Married James "J" GIOIAS
 Date 6 June 1947
 Place Salt Lake City, Salt Lake, Utah (Temple)
 Death
 Burial



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Carol Kellerman

Carol Kellerman
Director
Address/Telephone Directory

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 Burial

Genealogical
Data
For
Husband

HUSBAND
 Birth 27 Apr. 1922 Place Provo, Utah, Utah
 *Chr. 4 June 1922 Place " " "
 Death _____ Place _____
 Burial _____ Place _____
 Father Elmer Ray Buckner Mother† Altis LaVerna Maxfield
 Married 3 Oct. 1945 Place Salt Lake LDS Temple SLCH.
 †Other Wives (if any) _____

Where was information shown on this family record obtained?
 1. Des. News Church Section Article 14 Sept. 1963
 2. Fontella T. Buckner 1188 W. 1460 No. Provo, Utah
 3. E. LaMar Buckner 1550 Coun. Tel. Ogden Ut.
 Family Representative: _____

Genealogical
Data
For
Wife

WIFE
 Birth 21 May 1924 Place Riverside, Bingham, Idaho
 *Chr. 6 July 1924 Place " " "
 Death _____ Place _____
 Burial _____ Place _____
 Father Varian Edgar Hale Mother† Cedenia Bingham Hale
 †Other Husb. (if any) _____

BUCKNER INSURANCE COUNSELORS
 2636 Washington Blvd.
 Ogden, Utah 84401

*Christening date requested only in lieu of birth date (not L.D.S. Church Blessing).
 †List other wives or husbands in order of marriage.
 ‡List complete maiden name for all females.

Sex M F	CHILDREN List each child (whether living or dead) in order of birth		WHEN BORN			WHERE BORN		State or Country	DIED			MARRIED (First Husband or Wife) List Additional Marriages with Dates on Reverse Side of Sheet	
			Day	Mo.	Yr.	Town	County		Day	Mo.	Yr.		
F	1	Lynda Buckner	27	Sept.	1947	Ogden	Weber	Utah				Date <u>14 Dec 1967</u> To <u>Robert Jed Stringer</u>	4
M	2	Brent LaMar Buckner	31	July	1950	"	"	"				Date _____	7
M	3	Terry Hale Buckner	20	Aug.	1953	"	"	"				Date _____	2
F	4	Kathy Buckner	3	Mar.	1959	"	"	"				Date _____	
M	5	David LaMar Buckner	27	Sept.	1963	"	"	"				Date _____	
	6											Date _____	
	7											Date _____	
	8											Date _____	
	9											Date _____	
	10											Date _____	
	11											Date _____	
	12											Date _____	
	13											Date _____	
	14											Date _____	
	15											Date _____	





John Murray Murdoch, Jr.

And Wives

John Murray Murdoch, Jr., was born May 1, 1874, in Heber City, Wasatch County, Utah. He was the sixth of seven children born to Isabella Crawford and John Murray Murdoch. Isabella was John's plural wife. There were twenty-two children in the family, and though there were two different mothers, the children interacted as though it was one big happy family, which indeed it was, until plural marriage became unlawful and the families had to be separated.

John M., Jr., was only about seventeen years old when his father was arrested for living in polygamy. John, Sr., asked the federal officials if he could go home and get a change of clothing; he promised that he would present himself at the penitentiary to serve a one-month sentence. He was given permission to go home. He gathered the articles he needed and presented himself at the penitentiary for imprisonment. The prison officials had no entry papers for him but he insisted on serving his sentence. This determination to keep his word must have greatly impressed his namesake. John Murray, Jr., was heard to say many times, "A man is only as good as his word," and "My word is my bond." These phrases have been passed down to his sons and daughters and grandchildren.

John grew up in the beautiful valley surrounding Heber City, Utah. He loved the serenity and calm of the valley surrounded by ranges of towering mountains.

Jack, as he was called by most who knew him, was a tall, handsome young man with soft, brown, wavy hair. He was, according to those who knew him, shy but nevertheless popular with the pretty girls of Heber, Midway, and Park City.

He was able, however, to elude any girls who had designs on him until he was almost thirty years old. Then, never dreaming that heartache would soon after enter his life, he married Minnie Miller. Minnie was the second child of Nelson Miller and Annie Michelson.

Minnie's mother had died when Minnie was ten years old, and her father when she was twenty-one. As the oldest daughter she had assumed a great deal of responsibility for the care and raising of the younger children. As she grew older she moved to Salt Lake City, where she worked in the homes of several families. One of her employers was Emeline Wells, whom she considered difficult to work for.

John and Minnie were married on January 30, 1904, and later, on October 31, 1907, were sealed in the Salt Lake Temple. Their first home was in Deer Valley, a part of Park City. Very little is known of their life together, other than that they shared sorrow at the loss of their two infant

DELIVERY AND POSTPARTUM EVENTS

Most pamphlets and brochures for expectant mothers, including those we have given you, adequately cover the many questions you may have about pregnancy prior to delivery. Others you have probably read, list items to take with you to the hospital; and there are volumes on the care of your newborn baby.

However, there is usually a large blank concerning events between the time you excitedly leave for the hospital and the time you happily return home with your new baby. It is this period that we wish to discuss with you.

SIGNS OF LABOR

Labor usually begins with intermittent cramplike pains in the back or abdomen which gradually become stronger and more frequent. It may be accompanied by a vaginal discharge of blood-tinged mucous which is called "show", or preceded by a sudden profuse gush of water from the vagina. When any or all of these symptoms occur you will know that your labor is beginning and you should call us at once.

If this is your first baby you may wait until your pains are about ten minutes apart before going to the hospital. If it is the second or third, go immediately after calling.

Do not eat anything after labor begins; water, coffee or tea are permitted.

There are two important reasons for this:

- 1) Vomiting sometimes occurs during delivery, and if the stomach is empty there is no chance of vomited food entering the lungs.
- 2) A full stomach interferes with a general anesthetic, if it should be needed.

When you arrive at the hospital a nurse will take you to the labor room. There you will undress and be examined by one of the house physicians. You will then be given an enema, prepared for the delivery room, and be given medication to carry you through the final stages of labor and delivery.

daughters, Minnie and Annabelle. It is little wonder, then, that Bessie, who was born February 26, 1909, was a great joy in their lives. Minnie was an excellent seamstress, and always had Bessie dressed beautifully with her hair brushed and curled. On November 18, 1911, another child blessed their home. Minnie had little opportunity to enjoy this baby boy. After just nine short years of marriage, just one month to the day after the birth of her first son, Raymond, John's beloved Minnie passed away, leaving him with two very young children. John had fervently hoped that Minnie could get better, and had pled with her not to leave him with the two babies to raise. He knew that he and they both desperately needed her. His pleading, however, was in vain. Finally, the doctor who was attending Minnie told him that she was so ill he must let her go, and so, to his great sorrow, she passed to the other side on December 19, 1911.

It must have been very cold that winter because John froze his toes when he was accompanying Minnie's body from Park City to Heber City for burial. The snow was so deep that the horses would not go unless they were led, so John walked in front of them all the way. He did not get the benefit of the warm bricks and blankets brought for those who rode in the sleigh.

After Minnie's death, her brother and sister-in-law, Nels and Etta Miller, asked permission to have Bessie return to Idaho with them. John was anxious to have the two children together and so would not let her go. Instead, he had the children remain with his sister, Kate Hicken, who had come to take them when Minnie died.

There, with the Hickens, Ray and Bessie grew up together in the warmth of a loving family where "borrowed" children were well loved and cared for. Kathryn and her husband, David, became Papa and Mama to Bessie and Ray. The children were warmly accepted into the family and shared a close, warm relationship with the Hicken children that lasted all their lives.

With the children well cared for at the Hicken home, John returned to the mines at Park City and, undoubtedly, to a lonely existence. He visited the children as often as he could. They were always excited to see this handsome man. One of Bessie's favorite activities was combing his hair, and John, with great patience, was always willing to let her do it.

John was remembered by his children and his step-children as being a loving and patient person who consistently tried to teach them good principles.

His self-control was exemplary, and his strongest words were said by his children to be "my word." When he was really disgruntled, he always said MY WORD in capital letters. When the children misbehaved, a "Scotch blessing" was in order.

One bright summer day Ann Hicken, Ray, and Bessie and some neighborhood friends were wading on the lawn on

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watering day. Papa watered from the ditch, and it was great fun to go wading. Bessie said a bad word that started with S. John heard her and invited her to go for a walk with him. She enjoyed being with him, so was thrilled to follow along. They sat on the cool, shady porch on the north of the Hicken home, and John said to her, "Bessie, I heard a dirty word come from your mouth today. Can you remember what it was?" She said, "No, daddy." "Think hard," he said, and told her what she was doing when she said it. She thought and thought and finally said, "Oh, now I know it. I said s---." "Yes," he said. "Now I want to tell you something. Never let anything come out of your mouth that you wouldn't put in it." This was a great lesson that Bessie always remembered.

Jock used to say of himself, "I am a man of few words, but very eloquent." Cora Vail Bigler, his second wife, would say of him, "Jock is a shy, and quiet man, and he doesn't speak lightly. But when he does speak, his words are carefully thought out and are, indeed, eloquent. One waits for Jock to speak; his dignity and bearing give added weight to his spoken word."

Jock continued to work in the mines of Park City, visiting his children whenever he could. Time passed, and he was asked to serve a mission for the LDS Church in New Zealand. This was a difficult time for Jock. He was already separated from his children most of the time, and this would mean a total separation for several years. But he accepted the call, and when he was ready to leave, the whole Hicken family, including his mother, Isabella Crawford Murdoch, who was living with the Hickens, walked to the depot to see him leave on the Heber Creeper.

His children sorely missed him, as his visits had been a delight to them, but theirs was a background of being taught to serve the Lord as asked, and so they waited patiently for his return. There was great excitement when his all-too-infrequent letters arrived from the far-away land where he labored on his mission. He rode the train to San Francisco, where he and several other missionaries caught a boat for New Zealand. One of those missionaries was Matthew Cowley, who was later called to be an Apostle. Matthew was just seventeen and Jock Murdoch was over forty, but they developed a real love for one another. They spoke often of one another after their return.

They traveled seventeen or eighteen days by boat and landed in Wellington, where they were met by mission personnel and traveled on to Auckland, where the mission headquarters were. The first night in Auckland, the new missionaries met for prayer, and Brother Miller, the elder in charge, called on Jock to pray. Silence greeted the group as nothing happened. Jock soon said that he could not pray and left the group. In a later conversation with Brother Miller, it came to light that Jock had not been particularly close to the Church during the years just before his mission and felt uncomfortable giving a public prayer at that time. It was

By this time your own doctor will probably have arrived to personally take charge. Do not worry if he merely greets you momentarily and then disappears. He already knows that you have been well taken care of according to his instructions, and will be too busy preparing himself for the delivery room to spend much time with you at the moment.

In most cases the next thing you will remember will be someone saying "It's a boy" (or girl), and handing you the new arrival.

POSTPARTUM EVENTS

By now you think it is all over; in a few days you can go home and begin caring for the new one. This is true, but in the meantime many important changes take place in your body, some of which may cause you mild discomfort or annoyance.

STITCHES - In most deliveries it is necessary to make a small incision (episiotomy) to avoid tearing the muscle tissue between the vagina and the rectum. This is closed while you are still in the delivery room; but the sutures will be uncomfortable for a few days while healing occurs. You will receive daily cleansings, sterile pads to wear, and infra-red lamps may be used to promote healing. Medications will be given both in the hospital and at home if the discomfort becomes too severe.

WOMB - The uterus or womb must shrink in length from about 20 inches to its normal 3 to 4 inches. About 75% of this occurs within the first week and may cause occasional abdominal discomfort.

BLADDER - Urine is usually retained for a number of hours after delivery, and the overdistension of the bladder may cause discomfort. Medications will be given as needed.

DISCHARGE - There is always a bloody discharge for about 10 days after delivery. We will frequently check to make sure that it is not excessive.

BOWEL FUNCTION - Constipation usually follows delivery, and if you do not have a bowel movement by the third day you will be given an enema.

GENERAL PROGRESS

FIRST DAY - Following delivery is usually a comfortable one because of the medications you received prior to delivery. You may get up to visit the bathroom.

SECOND DAY - You will probably have moderate discomfort from swelling of your breasts and from your stitches. This day though, you will be visited by your new baby, which makes all else seem trivial.

THIRD DAY - This is usually the most uncomfortable one you will have. This is enema day, your stitches are still sore, and your breasts begin

thought by Brother Miller that Jock was very lonely, and that either he or his bishop had been inspired to have him serve a mission to help him grow closer to the Lord and learn to cope with his great grief and loneliness at the loss of his wife. (Elder Miller, now over ninety years old, resides in Idaho Falls, Idaho, and was interviewed by John Murray's granddaughter, Ann D. Bingham, in May 1980.)

Jock was assigned to the South Island near Christchurch. It was a difficult assignment, since just a few years before that time a Mormon elder had been killed there, and there was great animosity toward the Church.

Although he was busy with the business of his mission, Jock's diary gives evidence that Minnie was still in his thoughts. On the first page, dated August 13, 1915, the following poem is written:

Thoughts of My Wife

But now she sleeps where the daisies nod
And the clover hangs its head
Where the wild birds come
And the wild bees hum
Above her lonely bed
She fought the fight
She kept the faith
Her fame shines bright and clear
And her memory lives in my heart
Which will ever hold her dear.

By the time Jock had been on his mission six months, he had truly caught the vision of the missionary work, and was described by Brother Miller as a humble, faithful, dedicated missionary. Many reports were received that he was doing good work. Although he was shy at the beginning of his mission, his shyness seemed to disappear as he became involved in the missionary work.

His diary shows that much time was devoted to study and reading. The general pace of life seemed to be leisurely. The missionaries traveled either by horse or bicycle most of the time. When the distance was long, they went by train or boat. Most of their long-distance communication was by wire.

Learning the language was difficult. John recorded in his missionary diary that his first preaching in the Maori language was done on January 22, 1916. Life was not always pleasant and easy. The missionaries were tormented by fleas and mosquitoes on some occasions so badly that they could not sleep. Typhoid fever was a frequent problem.

Jock's diary tells of the common tasks of the missionaries in that time and place. Catching the horses, milking the cows, fixing the fences, and traveling were common to them. They spent much time with the Maori people, and many Maori words slip into the writing of the diary.

Horses, the main mode of travel for Jock and his

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companion, were also occasionally a source of grief. In his diary on May 31, 1916, he wrote:

Arose early, held prayer, tried to get Elder Schofield up, too sleepy. Got my horse. Trying to catch them, I slipped and fell down the hill on the wet grass. After breakfast I started for TeHoro to carige horses the road was wet and muddy. Arrived at TeHoro about 12 noon. Went to our paddock, chased the horses, lost my bag of books, my horse got away, chased him around through the boxsiers. I was thinking of getting mad.

This entry provides a good example of Jock's extraordinary patience and forbearance.

Priesthood meetings were held monthly, often at the home of a member. Jock tells of one conference held in a large tent. One shilling was solicited from each person for food. They came by train and horseback and on boats to attend the conference. There were many people there.

Jock's willingness to continue to serve the Lord is recorded in his diary on his birthday, May 1, 1916, when he reflected on being there for the second birthday and hoped that there would be another and perhaps more if he were asked to stay.

Jock's children, however, were glad that Jock did not stay an extra-long time on his mission. It was a joyful day when he returned and was reunited with his children. It was a nice summer day, and the children were playing outside barefooted on the grass when a surrey with fringe on top drove up and John got out with his trunks and bags. At first the children didn't know him, but they recognized his hair, which was still wavy. He had grown a mustache. When the children realized their father had returned, they jumped for joy.

To add to their excitement, he had brought trinkets and treasures from New Zealand, not only for his children, but for the nieces, nephews, and other family members. Maori beads and lap robes made of sheepskin were among the gifts he brought.

Jock had many missionary companions, but spoke most often upon his return of Matthew Cowley, predicting that he would hold a high position in the Church, which he later did.

Brother Cowley also talked of Jock. Many relatives reported hearing mention made of Jock in Brother Cowley's conference talks throughout the Church. On one occasion, while in Idaho Falls, Idaho, Bessie was in the audience to hear one of these talks and after introduced herself to Elder Cowley as Jock's daughter. The apostle gave her a warm welcome and told her of his great love for her father. He spoke of what a good man he was and how he was very lonely when his wife passed away and how he had missed Ray and Bessie while on his mission. Jock, he said, was most grateful for his dear sister Kate and her husband Dave and how good they were to the children.

filling with milk. Medications help, and tomorrow will be better.

FOURTH DAY - Your breasts and stitches are less uncomfortable and baby is making regular visits. You may sit in a chair or on the edge of the bed if you desire.

FIFTH DAY - Walking is still a bit uncomfortable, but this is usually "go home" day and the excitement and anticipation make you feel almost too good.

DISCHARGE

- 1) Get someone to help you for the first week or so.
- 2) We will advise you on home activity and stair climbing; also on need for a girdle.
- 3) Sleep on your stomach.
- 4) Exercise daily for 15 minutes as instructed.
- 5) Take a nap in the afternoon.
- 6) Don't be alarmed about spotting or wasting. You will find it necessary to wear a pad for several days, perhaps a week or two. This is due to shedding of tissue built up as a lining of the uterus, along with blood and serum which come from capillaries exposed as the tissue sheds.
- 7) If you have flooding, call me and go to bed at once, or better go to bed and have someone else call.
- 8) Your menstrual period may return any time from two to six weeks, but the average is about four weeks.
- 9) If you do not intend to breast-feed, we will provide a formula for your baby. There are several good formulas available for feeding your baby either full time or supplemental to breast feeding; however, from past experience we have found Baker's Modified Milk to be one of the most adequate. It is a complete formula, simple and easy to prepare, inexpensive and relatively free from troubles. Also, we will give you a schedule for feeding and immunizations.

CHECK-UP

Make an appointment for an office check-up six weeks from the day your baby was born. Bring the little one with you for its first examination.

* * * * *

We hope that these pages will be of some value to you in answering some of your questions, giving you the "why" for various procedures and in general increasing your understanding of the days following your entry to the hospital. If you have other questions.....just ask.

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After his return from his mission, Jock returned to work in the mines in Park City as shift boss, and again would visit his children on weekends when the weather permitted. He was known as one of the "Park City Bunch" and numbered among his friends some of the prominent mining investors of Park City. Jock had a reputation for integrity with these men.

Jock loved fishing and baseball. He didn't live too far from the Provo River and this was his favorite spot to fish. Jock also had great love for his family, brothers and sisters, parents, and his children. Indeed, he had a great love for everyone, especially little children. He was always asking them what their pretty name was, and if they had a cold, he wiped their noses.

Jock loved music and played several instruments. He had a steel guitar and a violin, which he played often. He, Bessie, and Ray would play together with Jock playing the violin, Ray the mouth organ, and Bessie chording on the piano.

After his mission he would often play his violin and sing Maori songs to his own children and his nieces and nephews, often teaching them the words. Bessie, Ray, and Ann would often sing them in Primary. While Ray and Bessie were living near, the three of them continued to sing the songs together when they met.

Another of Jock's great loves was attending Murdoch reunions. He delighted in dressing up and marching in the parade. The whole family enjoyed meeting all their kin-folk, and each reunion became a fond memory. Jock's daughter, Bessie, kept up the tradition, and truly enjoyed being the life of the Murdoch reunion party. Some time after Jock's return home to Heber, a young widow, Cora Vail Bigler, became the postmistress of Midway, Utah. Her husband had been tragically killed by lightning, leaving her with two small daughters to raise. Cora, the daughter of John Riley Vail and Alice White, had grown up in Midway and knew of Jock's mission to New Zealand and of the loss of his wife. One day he just walked into the Midway post office, and they began to chat. In time they began to keep company. Cora was aware of Jock's still-deep sorrow over his wife's early death. Jock was aware of Cora's still being shattered by the death of her twenty-six-year-old husband. They knew that each had two children. Jock had a pre-teen daughter and a young son. Cora had two daughters ages three and one and a half.

Despite the challenges they saw, Jock and Cora married on January 3, 1921. They were married in the Salt Lake Temple for time only, knowing they cared for each other, but differently than the love they each felt for their first spouses. There were step-children to be loved and adjusted to, and new parents for the children to learn to love.

For a time all lived in the nice home with running water, which Ray and Bessie thought quite special since in Heber they still used an outside privy and coal stove, as many others did in those days.

By this time your own doctor will probably have arrived to personally take charge. Do not worry if he merely greets you momentarily and then disappears. He already knows that you have been well taken care of according to his instructions, and will be too busy preparing himself for the delivery room to spend much time with you at the moment.

In most cases the next thing you will remember will be someone saying "It's a boy" (or girl), and handing you the new arrival.

POSTPARTUM EVENTS

By now you think it is all over; in a few days you can go home and begin caring for the new one. This is true, but in the meantime many important changes take place in your body, some of which may cause you mild discomfort or annoyance.

STITCHES - In most deliveries it is necessary to make a small incision (episiotomy) to avoid tearing the muscle tissue between the vagina and the rectum. This is closed while you are still in the delivery room; but the sutures will be uncomfortable for a few days while healing occurs. You will receive daily cleansings, sterile pads to wear, and infra-red lamps may be used to promote healing. Medications will be given both in the hospital and at home if the discomfort becomes too severe.

WOMB - The uterus or womb must shrink in length from about 20 inches to its normal 3 to 4 inches. About 75% of this occurs within the first week and may cause occasional abdominal discomfort.

BLADDER - Urine is usually retained for a number of hours after delivery, and the overdistension of the bladder may cause discomfort. Medications will be given as needed.

DISCHARGE - There is always a bloody discharge for about 10 days after delivery. We will frequently check to make sure that it is not excessive.

BOWEL FUNCTION - Constipation usually follows delivery, and if you do not have a bowel movement by the third day you will be given an enema.

GENERAL PROGRESS

FIRST DAY - Following delivery is usually a comfortable one because of the medications you received prior to delivery. You may get up to visit the bathroom.

SECOND DAY - You will probably have moderate discomfort from swelling of your breasts and from your stitches. This day though, you will be visited by your new baby, which makes all else seem trivial.

THIRD DAY - This is usually the most uncomfortable one you will have. This is enema day, your stitches are still sore, and your breasts begin

Cora's two daughters, Freida and Wanda, were very young, and found John to be an extraordinary father. He provided a good home and was, all in all, patient and loving. Each day they would run two blocks to Jacobsen's Store to meet him and walk back home with him holding his hands.

Things did not go so happily for Bessie and Ray, who were older at the time of the marriage and had more difficulty adjusting. Ray soon returned to the only parents he had ever really known, Mama and Papa Hicken. Bessie lived with Jock and Cora long enough to graduate from Park City High School and then left to live first with friends in Park City and then with her mother's brother and his wife in Idaho.

John enjoyed surprises. On one occasion John, Cora, and Cora's sister and her husband, Elsie and Orville, went for a horseback ride. They started up where the Wasatch State Park is now. John wouldn't tell them where they were going. He wanted to surprise them, he said. They rode up, up, and up the mountain until either on purpose or accidentally they got lost. They wandered up the very steep mountaintop. A terrible rainstorm came and really drenched them. They wandered some more and came upon a sheepherder's wagon. They broke in and made some coffee to warm them up. The storm went on for a long time. The sheepherder came back to his wagon and found his uninvited guests. He cooked them a good hot meal and had to escort them down the face of the mountain. John would never admit whether he got lost or whether it really was a "special" horseback ride. The "new route" over Brighton today is still a scary, rocky road, and goes to Brighton from Park City. From that time on he was to be almost constantly in and out of the hospital.

On August 17, 1926, during one of his many hospital stays, a baby girl, Phyllis Beth, was born to John and Cora. She was adored and cherished by her older half brother and sisters. But once again Jock's time with a child would be cut short, this time by his own death.

During Jock's stays in the hospital, Matthew Cowley visited him almost daily. Also, his mission president, President Lambert, was superintendent of the hospital, and saw that he had very good care. He even brought him to Park City to see the family just after Phyllis Beth was born.

John still had the home he and Minnie had occupied in Heber City, where he had stored many of his things in the upstairs while renting out the first floor. The home was close to his parents' home in the northwest end of Heber. He said he wanted to live and die in Heber, so during the illness he and Cora moved back to Heber. Cora, knowing that she would need a way to make a living, went to Salt Lake City to learn the barber and beauty trade.

While Bessie was in nurse's training in Idaho, John often wrote her, instructing her to better herself, to write often, and to write to Ray and to Mama and Papa Hicken, to be a good girl and make all of them proud of her, and to remember to go to church and pay her tithing and remember her

filling with milk. Medications help, and tomorrow will be better.

FOURTH DAY - Your breasts and stitches are less uncomfortable and baby is making regular visits. You may sit in a chair or on the edge of the bed if you desire.

FIFTH DAY - Walking is still a bit uncomfortable, but this is usually "go home" day and the excitement and anticipation make you feel almost too good.

DISCHARGE

- 1) Get someone to help you for the first week or so.
- 2) We will advise you on home activity and stair climbing; also on need for a girdle.
- 3) Sleep on your stomach.
- 4) Exercise daily for 15 minutes as instructed.
- 5) Take a nap in the afternoon.
- 6) Don't be alarmed about spotting or wasting. You will find it necessary to wear a pad for several days, perhaps a week or two. This is due to shedding of tissue built up as a lining of the uterus, along with blood and serum which come from capillaries exposed as the tissue sheds.
- 7) If you have flooding, call me and go to bed at once, or better go to bed and have someone else call.
- 8) Your menstrual period may return any time from two to six weeks, but the average is about four weeks.
- 9) If you do not intend to breast-feed, we will provide a formula for your baby. There are several good formulas available for feeding your baby either full time or supplemental to breast feeding; however, from past experience we have found Baker's Modified Milk to be one of the most adequate. It is a complete formula, simple and easy to prepare, inexpensive and relatively free from troubles. Also, we will give you a schedule for feeding and immunizations.

CHECK-UP

Make an appointment for an office check-up six weeks from the day your baby was born. Bring the little one with you for its first examination.

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prayers, and Heavenly Father would bless her.

Jock seemed to know when his time on earth was growing short, and he was sad about leaving his family. He would hold Phyllis on his knee and say, "If I could live to help raise this baby." He had left Bessie and Ray as young children to fill his mission, and now seemed to know that he would again have to leave a child in the care of others.

John died on April 26, 1928, in Heber. He was very ill for a long time, and his last days were far from pleasant as he suffered from osteomyelitis, for which there was then no cure. He was buried next to Minnie in the Heber City Cemetery.

Before John's death, Bessie had moved to Idaho. In May 1930, she graduated with an R.N. degree. During her training she met her future husband, Oliver P. Dawson. They were married May 29, 1930, just after her graduation. At that time Oliver was the manager of the Boise Payette Lumber Company in Shelley. That same year they built a new home in Shelley, where they lived until November 1949, when they moved to Idaho Falls. Bessie lived in Idaho Falls the rest of her life. Although Oliver did not share her religious beliefs, she remained active and faithful in the Church throughout her life. She served as a stake missionary and as a Relief Society president, as well as in other Church positions.

Bessie and Oliver had three children: Oliver Murray, who resides in Cody, Wyoming; Ann Bingham, who lived in Idaho Falls, Idaho; and James Murdoch (J.M.), who lives in Kaysville, Utah. Oliver had a daughter, Betty Jean, who was six years old when they married, and she lived with them until she completed high school. Betty lives in Sunnyvale, California.

Bessie passed away on February 12, 1980. In her history, which was written by her husband, Oliver, he said, "Her entire life was devoted first to myself and her family and gave us full support and love. Never once did she fail to give any of us her full knowledge obtained in her earlier training. With her love and training she had brought all of us love and life to this day. Second on her list was the Church which she believed in sincerely and supported."

Bessie will be sorely missed by her family and the countless friends she made wherever she was.

Ray grew up in Heber. He was active in Scouting and received the first Eagle badge to be awarded in Wasatch County. He was active in drama, sports, speech, and music. He was drum major for the Wasatch High School Band.

In 1932 he won a music scholarship to Weber College. While attending Weber he met Shirley Dickson, and after their graduation from Weber they were married June 27, 1934, in the Salt Lake Temple. In the fall of that year they moved to Logan, where Ray attended U.S.U. He worked for twenty-five cents an hour on the experiment farm, while Shirley babysat for a dollar a day.

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In 1937 Ray graduated from the Agricultural College, and they moved to Blanding, where he was hired as an Ag teacher.

After living in Blanding for three years, they moved to Princeton, California, where Ray taught school. He got interested in bees, and soon had so many hives he decided to give up teaching and buy a farm. In December, 1949, Ray and Shirley moved to Yuba City, California. Here they had prunes, peaches, almonds, cattle, and bees. The flood of 1955 took all the bees, so after that they just farmed.

Ray always took an active part in the Church and community affairs. He was a good teacher, scout leader, stake Sunday School superintendent, and ward teacher supervisor. He sang in the ward choir for many years.

He was president of the Bee Breeders Association, high school board, and vice president of the Tax Payers Association.

Ray and Shirley have three children: RaShirl J., who is a teacher at Chico, California; Larry E., who is supervisor for the Oakland Sector FAA; and a daughter, Eulene, whose husband is chief master sergeant in the USAF. There are three grandchildren, Bert E. Murdoch, David Morgan, and Mindy Morgan.

Ray passed away, from cancer, October 30, 1975. He was a good husband and a good father, and his family miss him very much, but know they will be with him again.

Following John Murray Murdoch Jr's death, his wife Cora was once again a widow with three young daughters to raise. Frieda and Wanda Bigler from her first marriage and Phyllis Murdoch, the daughter of John Murray Murdoch Jr.

Cora married one year later to a James Earl Wall on January 22, 1929. He had three children from a previous marriage that lived with them also. A son, Earl Vail Wall, was born to Cora and James on July 26, 1930. Cora and James were eventually divorced in 1943. James died on March 22, 1961.

Cora worked as a beautician in Park City to help support her family for many years. She went through many trials in her life with two husbands dying after only a short time of being married to each of them. In later years she married for the fourth time to Jack Esmond McKnight on May 23, 1953. He however died also in a few years on August 24, 1947.

Cora served two missions for the Church of Jesus Christ of Latter Day Saints. One to the Southern States and the other to Florida. She passed away on September 10, 1970 in Salt Lake City, Utah and was buried in Midway, Wasatch, Utah.

John and Cora's daughter, Phyllis Murdoch Giolas, writes the following: "Phyllis Murdoch Giolas was born August 17, 1926 in Park City, Summit County, Utah. Her place of birth was a humble home located on 1015 Park Avenue. Her parents were Cora Loemma (Leona) Vail Bigler and John Murray Murdoch Jr., both of Heber City and Midway, Wasatch County, Utah. Her young years were spent in simple pleasures, unaware of the heartaches and sorrows of others.

Phyllis completed her primary and secondary schooling in Midway and Park City, Utah, graduating with honors from Park City High School in May 1944. She had completed two years of college when illness forced her to discontinue her studies.

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Phyllis made her life full of fun and church activities. Her mother encouraged her in the cultural arts and Phyllis was fortunate in being able to sing and play the flute, guitar and piano. She played roles in plays, musicals and operettas. She loved her life and busy schedule..

The world at war in 1944 provided Phyllis the opportunity to learn a trade when she was employed as an aircraft mechanic at Hill Air Force Base, Ogden Utah. She also worked for the Geneo-logical Society of Utah. She received further technical training when she was employed by Mountain States Telephone Company.

Phyllis married James "J" Giolas, son of James Peter and Annie Haines Shepherd Giolas on 6 June 1947 in the Salt Lake Temple. Phyllis and James were blessed with three Children: James Richard Giolas, born 21 January 1950. Rick enjoyed his church and scout activities. He earned his Duty to God and Eagle Scout awards. He graduated from Skyline High School, Salt Lake City, Utah in 1968. He progressed from a Safeway bag boy to Safeway Incorporated Management. He inherited the shy quiet dignity of his grandfather, John Murray Murdoch Jr. He loved to sing in groups and Madrigals. He enjoyed work and play with the youth of his ward. Rick Married Gay Lynne Martin, daughter of Gary Martin and Janice Chadwick Martin both of American Fork and Salt Lake City, Utah, in the Salt Lake Temple on 30 June 1970.

John Murdoch Giolas, born 29 July 1960. He was a long-awaited adopted baby. He was sealed to his parents in the Salt Lake Temple on 15 August 1961. He graduated from Skyline High School, Salt Lake City, Utah in 1978. He attended the University of Utah and became employed by Pameco-Aire Inc. of Salt Lake City, Utah. John too, developed the sweet reserved manner of his grandfather John Murray Murdoch Jr.

Lisa Ann Giolas, born 3 August 1962, also a loved adopted baby, was sealed to her parents in the Salt Lake Temple on 15 June 1964. She graduated with honors from Skyline High School, Salt Lake City, Utah in 1980. Her plans include attendance at the University of Utah in 1980. Lisa has developed the Murdoch talents to make life for herself and others, full and happy.

Phyllis was blessed with three grandchildren born to James Richard and Gay Lynne Martin Giolas, Andrea Giolas, James Martin Giolas, and Amanda Giolas.

Phyllis fulfilled a Stake Mission. She served as a Primary and Relief Society President. She served in many stake and ward positions. She also was privileged to serve as secretary for her Vail-White Family Organization.

Phyllis, proud of her Scottish Murdoch, and her Vail-White English-Irish heritage, has found that the combination of her blood lines give her many blessings. The gift of discernment sometimes told ahead of events to take place. She sews, sings, enjoys church activities, and genealogy work. She loves fun, happy times. Her life evolves around her family and her church.

She has a knowledge of the truthfulness of the gospel. She knows God does live and that as long as she heeds his word and obeys his will, that he will pour His blessings and love upon her. She knows too, that if she but listens to that "still small voice" (she sometimes has to yell to be heard!) that she can be strong and able to help her family through trials and hardships that have and will yet come to them. This would be in fulfillment of her patriarchal blessing."

PHYSICAL EXAMINATION FORM (MEETS DEPARTMENT OF TRANSPORTATION REQUIREMENTS)

To Be Filled In By Examining Physician (Please Print):

New Certification ☐Driver's Name Gary L MaxfieldRecertification ☐Soc. Sec. No. 529-80-4253Date of Birth 6-12-55Age 26

Health History:

Height 6 ft. 2 in.Weight 175 lbs.Yes
☐
☐
☐
☐
☐
☐
☐No
☒
☒
☒
☒
☒
☒
☒Asthma
Kidney disease
Tuberculosis
Syphilis
Gonorrhea
DiabetesYes
☐
☐
☐
☐
☐
☐
☐No
☒
☒
☒
☒
☒
☒
☒Nervous Stomach
Rheumatic Fever
Muscular disease
Psychiatric disorder
Cardiovascular disease
Gastrointestinal ulcerYes
☐
☐
☐
☐
☐
☐
☐No
☒
☒
☒
☒
☒
☒
☒Head or spinal injuries
Seizures, fits, convulsions, or fainting
Extensive confinement by illness or injury
Any other nervous disorder
Suffering from any other disease
Permanent defect from illness, disease or injuryIf answer to any of the above is yes, explain: none nec.

General appearance and development:

Good

Fair

Poor

Vision:

For Distance:

Right 20/

20

Left 20/

20☒ Without corrective lenses☐ With corrective lenses, if worn

Evidence of disease or injury:

Right

Left

Color Test

excellent

Horizontal field of vision:

Right

Left

Hearing:

Right ear

Left ear

Disease or injury

(if audiometer is used to test hearing)

Decibel loss at 500 Hz

at 1,000 Hz

at 2,000 Hz

Throat:

Thorax:

Heart

If organic disease is present, is it fully compensated?

Blood pressure: Systolic

Diastolic

Pulse:

Before exercise

Immediately after exercise

Lung:

Abdomen:

Scars

Abnormal masses

Tenderness

Gastrointestinal:

Ulceration or other disease

Yes

No

Genito-Urinary:

Scars

Urethral discharge

Reflexes:

Rhombberg

Pupillary

Light R

L

Accommodation Right:

Left

Knee jerks:

Right:

Increased

Absent

Left:

Normal

Increased

Absent

Remarks:

Extremities:

Upper

Lower

Spine

Laboratory and

Urine: Spec. Gr.

Alb.

Sugar

Other Special

Other Laboratory Data (Serology, etc.)

Findings:

Radiological Data

Electrocardiograph

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

Gary L Maxfield

(Driver's name (Print))

In accordance with the Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with the knowledge of his duties, I find him qualified under the regulations.

☐ Qualified only when wearing corrective lenses
☐ Qualified only when wearing a hearing aid.A completed examination form for this person is on file in my office at 45 So Main Heber UT 84032

Address

12-31-81

(Date of examination)

R.R. Green

(Name of examining doctor (Print))

(Signature of examining doctor)

Gary L Maxfield

(Signature of driver)

R.F.O. Box 1338 Heber UT 84032

(Address of driver)

The following to be completed only when the visual test is conducted by a licensed optometrist.

(Date of Examination)

(Name of Optometrist (Print))

(Address of Optometrist)

(Signature of Optometrist)

INSTRUCTIONS ON REVERSE SIDE

1 MURDOCH, James 1786-1831
1 MURDOCH, Mary MURRAY, Sp. 1782-1856

2 MURDOCH, John Murray 1820-1910
2 MURDOCH, Isabella CRAWFORD, Sp. 1836-1916

DESCENDANTS OF-----
3 MURDOCH, JOHN MURRAY JR, 1874-1928
3 MILLER, MINNIE MARIE, Sp. 1878-1911

4 MURDOCH, Minnie B- 1905 (Stillborn)

4 MURDOCH, Annabell B-26 Feb 1906 D- 10 Sep 1907

4 DAWSON, Bessie MURDOCH B-26 Feb 1909 M-29 May 1930 D-12 Feb 1980

4 DAWSON, Oliver Painter, Sp. B-14 Sep 1899 D-28 Jan 1981

DAWSON, Mary WOOD, Sp. (1) B- M- D-

Kamarath, Betty Jean DAWSON B- M-
Kamarath, Arthur, Sp. B-

5 DAWSON, Oliver Murray B-23 Apr 1931 M-7 Aug 1955
5 DAWSON, Goldie MEHAS, Sp. B-2 Aug 1931

6 DAWSON, Cynthia Marie B-18 May 1956

6 DAWSON, Ted Murray B-19 Apr 1959

5 BINGHAM, Ann DAWSON B-18 Apr 1932 M-9 Sep 1957

5 BINGHAM, Darold Leroy, Sp B-1 May 1933

6 BINGHAM, Tod Dawson B-16 Jul 1961 (Adopted)

6 BINGHAM, Lisa Ann B-15 Aug 1964 (Adopted)

5 DAWSON, James Murdoch B-8 May 1938 M-4 Jun 1958

5 DAWSON, Beverly SWENSON, Sp. B-11 Apr 1935

6 DAWSON, Jeri Jean B-22 Sep 1960

6 DAWSON, Diane B- 7 Dec 1962

6 DAWSON, Bryan James B-12 Aug 1968

6 DAWSON, Suzanne B-15 Jul 1972

4 MURDOCH, Raymond Nelson B-18 Nov 1911 M-27 Jun 1934 D-30 Oct 1975
4 MURDOCH, Shirley Maude DICKSON, Sp. B- 18 Nov 1911

5 MURDOCH, RaShirl J. B-12 Apr 1937

5 MURDOCH, Larry D. B-29 Sep 1938 M-10 Jun 1960

5 MURDOCH, Alice Umfress, Sp. B-13 Aug 1941

6 MURDOCH, Bert D. B- 8 Jul 1961

5 MORGAN, Eulene MURDOCH B-21 Dec 1944 M-14 Jan 1966

5 MORGAN, David William, Sp. B-6 Dec 1942

6 MORGAN, David William B-13 Aug 1967

6 MORGAN, Mindy Elaine B-27 Aug

B-Born
M-Married
D-Died
Div.-Divorced
Sp.-Spouse

fying and controlling BP in high-risk groups (eg, blacks, obese individuals, and blood relatives of persons with hypertension), and those with limited access to the health care system. Health care professionals are strongly encouraged to measure BP at each patient visit. For persons without regular contact with the medical care system, it is recommended that they find an opportunity to have their BPs measured at least once every two years. Whether measurements are obtained at a public site, a community clinic, the work setting, or the physician's office, the following guidelines are recommended for identifying persons at risk and bringing them under continuing medical care.

Initial Measurement and Criteria for Follow-up.—Lability of BP has been noted in the literature.⁶ To avoid recording an aberrant measurement, individuals should not have their BPs measured immediately after a taxing or stressful situation, eg, walking up several flights of stairs. The average of two or more BP measurements should be obtained with the subject seated comfortably with their arm bared. Upper arm constriction by a rolled sleeve affects the validity of the reading and should be avoided. Systolic and diastolic BPs should be recorded, with the diastolic BP reported as the disappearance of sound (phase V).⁶

A well-maintained mercury sphygmomanometer or a properly calibrated aneroid manometer should be used. In addition to the standard-sized cuff, large-sized adult and pediatric-sized cuffs should be available to obtain accurate readings in obese patients and in children.⁷

At the time of measurement, it is important to discuss the following items with all persons: (1) the numerical BP value, (2) the need for periodic remeasurement, and (3) present antihypertensive treatment, including specific drugs and results. In addition, with those persons whose BPs are elevated, it is important to discuss previous treatment for hypertension, the desirability of hypertension control, and the potential dangers of uncontrolled hypertension. First-occasion measurement and follow-up criteria recommended for asymptomatic persons are given in Table 2.

Confirmation and Follow-up.—The purpose of BP confirmation is to determine whether initial elevations remain high and require closer observation, evaluation, and therapy or have returned to normal and, therefore, require only periodic remeasurement. Two or more measurements should be taken at each visit and the average BP obtained used as the value for the visit. Treatment should not be started on the basis of a single reading.

Evaluation and Diagnosis

Evaluation of the condition of patients with confirmed hypertension should answer the following three questions: (1) Is target organ involvement present? (2) Are cardiovascular risk factors other than hypertension present? (3) Does the patient have primary or secondary (possibly reversible) hypertension?

A careful history of all prescribed and over-the-counter medications should be obtained from all patients. Several medications may either raise BP or interfere with the effectiveness of antihypertensive drugs. These include, but are not limited to, oral contraceptives, steroidal and non-steroidal anti-inflammatory agents, nasal decongestants, appetite suppressants, and the tricyclic antidepressants.⁸

Secondary hypertension is rare; nevertheless, examination should seek to eliminate this possibility. Additional diagnostic procedures may be indicated to discover secondary hypertension (eg, renal parenchymal disease, renovascular disease, coarctation of the aorta, primary aldosteronism, Cushing's syndrome, or pheochromocytoma) in

patients: (1) in whom age, history, physical examination, severity of hypertension, or initial laboratory findings suggest secondary hypertension; (2) whose BPs are responding poorly to drug therapy; (3) with well-controlled hypertension whose BPs begin to increase; and (4) with accelerated or malignant hypertension.

Medical History.—A medical history should include the following: (1) a family history of hypertension and cardiovascular disease; (2) patient history of cardiovascular, cerebrovascular, and renal disease, or diabetes mellitus; (3) known duration and levels of elevated BP; (4) results and side effects of previous antihypertensive therapy; (5) use of drugs that may influence BP (eg, contraceptive pills); (6) history of weight gain, sodium intake, and alcohol use; (7) symptoms suggesting secondary hypertension; (8) psychosocial and environmental factors (ie, emotional stress, cultural food practices, and economic status) that may influence BP control; and (9) other cardiovascular risk factors (including obesity, smoking, hyperlipidemia, and carbohydrate intolerance).

Physical Examination.—Physical examination should include the following: (1) two or more BP measurements with the patient supine or seated and standing; (2) verification in the contralateral arm; (3) height and weight; (4) funduscopic examination for arteriolar narrowing, arteriovenous compression, hemorrhages, exudates, and papilledema; (5) examination of the neck for carotid bruits, distended veins, and enlarged thyroid; (6) examination of the heart for increased rate, size, precordial heave, murmurs, arrhythmias and S3 and S4 heart sounds; (7) examination of the abdomen for bruits, enlarged kidneys, and dilation of the aorta; (8) examination of the extremities for diminished or absent peripheral arterial pulsations and edema; and (9) neurologic assessment.

Physical findings that are suggestive of secondary hypertension include abdominal or flank masses (polycystic kidneys); abdominal bruits, particularly those that lateralize or have a diastolic component (renovascular disease); delayed or absent femoral arterial pulses (aortic coarctation); truncal obesity with pigmented striae (Cushing's syndrome); and tachycardia, sweating, and pallor (pheochromocytoma).

Laboratory Tests.—A few simple laboratory tests should be done before initiating therapy. Group 1 tests (including hemoglobin level, hematocrit, complete urinalysis, serum potassium and creatinine levels, and ECG) are needed for determining severity of vascular disease and possible causes of hypertension. Group 2 tests (consisting of the levels of total and high-density lipoprotein cholesterol, plasma glucose [fasting, if possible], and serum uric acid) relate to other cardiovascular risk factors or provide necessary baseline values for judging adverse biochemical effects of therapy.

Opinions differ regarding costs, risks, and specificity of some diagnostic procedures. An automated battery of blood chemistry tests is often used. Based on clinical judgment, the physician may select additional tests. Type and frequency of repeated laboratory tests should be based on the severity of target organ damage and the effects of the selected treatment program.

Patient Interaction With Health Care Professionals.—Concern for patient participation in therapy begins as soon as the diagnosis of essential hypertension and the decision to treat the condition have been made. Professionals can help patients make the decision to control their high BP. Patients must at least understand that (1) their BPs exceed normal values, (2) long-term follow-up and therapy are necessary, (3) hypertension is usually asymptomatic, and

DESCENDANTS OF----- 3 MURDOCH, JOHN MURRAY JR. 1874-1928
3 VAIL, CORA LEONA, SP (2) 1895-1970

BIGLER, Jesse, Sp (1) B-9 Apr 1888 M-4 Nov 1915 D-5 Sep 1917
WALL, James Earl, Sp. (3) B-22 Jan 1891 M-3 Mar 1929 D-22 Mar 1961
McKNIGHT, Jack Esmond, Sp (4) B-20 Aug 1886 M-23 May 1953
D-24 Aug 1957

4 GIOLAS, Phyllis MURDOCH B-17 Aug 1926 M-6 Jun 1947
4 GIOLAS, James "J", Sp. B-11 Nov 1923

5 GIOLAS, James Richard B-21 Jan 1950 M-30 June 1970
5 GIOLAS, Gaylynne MARTIN, Sp. B-26 May 1950

6 GIOLAS, Andrea B-11 Jul 1974

6 GIOLAS, James Martin B- 5 Jun 1978

6 GIOLAS, Amanda B-29 Jan 1981

5 GIOLAS, John Murdoch B-29 Jul 1960 (Adopted)

5 GIOLAS, Lisa Ann B- 3 Aug 1962 (Adopted)

OTHER CHILDREN OF Coral Leona VAIL Bigler Murdoch Wall McKnight

WORTLEY, Frieda Jessie BIGLER B-25 Aug 1916 M-9 Jul 1934
WORTLEY, John Edwin, Sp. B-

GARDNER, Wanda Leona BIGLER B-10 Apr 1918 M-25 May 1953
GARDNER, Roy, Sp. (3) B-

WALL, Earl Vail B-26 Jul 1930 M-
WALL, June Sp. B-

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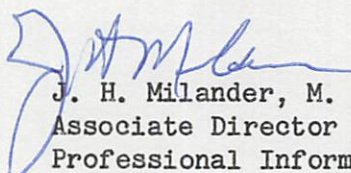
Robert Green, M.D.

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July 16, 1986

Enclosed for your convenience is prescribing information for MODURETIC and MIDAMOR.

Sincerely yours,


J. H. Milander, M. D.
Associate Director
Professional Information

mb

Enclosures: Circulars, references

JOHN MURRAY & ISABELLA CRAWFORD MURDOCH
(Three Generations)

DESCENDANTS

JOHN MURRAY MURDOCH
Born 28 Dec 1820
Where Gaswater, Ayr., Scot.
Died 6 May 1910
Where Heber, Wasatch, Utah

Married 9 Aug 1862
Where Salt Lake City, Utah

ISABELLA CRAWFORD
Born 12 Apr 1836
Where Blantyre, Lanarkshire
Died 10 Apr 1916 Scot.
Where Heber, Wasatch, Utah

M-Married
C-Had Children
D-Died as Child

MARGARET ANN MURDOCH
May 19 1863-Mar 11 1904
Married 7 Nov 1889
Lewis Joshua Hawkes
Jul 22 1867-Apr 23 1943

Married ? 1910 (Div)
Emily (Povey) Jay H.E.
Jan 4 1877-Jul 13 1954

Married 4 Aug 1925
Martha Easterling D.D.K.

CATHERINE CAMPBELL MURDOCH
Nov 15 1864-Mar 6 1945
Married 21 Jul 1886
David William Hicken
Aug 8 1861-Oct 31 1953

JAMES CRAWFORD MURDOCH
Feb 11 1869-Aug 14 1959
Married 27 Nov 1901
Sarah Elizabeth Giles
Dec 4 1878-Aug 2 1961

BRIGHAM MURDOCH
Nov 2 1870-May 13 1947
Married 16 Dec 1891
Mary Blanche Alexander
Feb 16 1873-Jun 22 1893

Married 8 Apr 1903
Martha Louannie Hammon
Oct 11 1885-Jun 30 1962

ROBERT MURDOCH
Sep 12 1872-Sep 3 1893

JOHN MURRAY MURDOCH JR.
May 1 1874-Apr 26 1928
Married 30 Jan 1904
Minnie Marie Miller
Oct 13 1878-Dec 19 1911

Married 5 Jan 1921
Cora Leona Vail
Mar 12 1894-Sep 10 1970
Married 4 Nov 1915
Jesse Bigler (1)(Died)
Married 7 Mar 1929
James Earl Wall (Div)
Married 23 May 1953
Jack Esmond McKnight

ISABELLA CRAWFORD MURDOCH
Jan 8 1876-Dec 1 1940
Married 23 Sep 1903
Hyrum Chase Nicol
Feb 9 1876-May 20 1945

HAWKES
Lewis Aug 2 1890 Aug 19 1974
Hazen Arahoe Jul 20 1893 Apr 8 1976MC
Isabella Priscilla Apr 7 1896 MC
Golden Murray Apr 8 1898 Aug 29 1898D
Robert Joshua Nov 16 1899 MC
Mary Deon Mar 18 1902 M
Margaret Ann Mar 5 1904 MC

Girl ? D
Arthur E. Jul 3 1914 ??

HICKEN
Zoa Jun 26 1888 Jun 26 1968MC
Zola Jun 26 1888 Aug 15 1970MC
David Rodney Oct 20 1889 May 9 1929MC
Mary Sep 11 1892 Stillborn D
John Murray May 16 1893 Jun 3 1893D
Thomas Rollo Jun 8 1895 Jan 6 1920MC
Dora Isabella Jun 24 1901 MC
Ward M. Jul 5 1904 MC
Jennie Ann Nov 13 1909 MC

MURDOCH
Mary Althora Jan 25 1903 M
Sarah Laraine Jul 1 1904 Dec 25 1964MC
James Ruelof Sep 18 1906 MC
George Merrol Dec 16 1908 MC
John Bard Sep 4 1910 MC
Grant Brigham Mar 29 1913
Ruby Isabell May 7 1915 MC
Thomas Verd Feb 5 1918 MC

MURDOCH
Robert Rue Nov 16 1892 Sep 19 1929MC

Blanche Priscilla Feb 7 1904 MC
Brigham Dallas Jun 4 1907 MC
Reed Chase Nov 17 1909 MC
Thomas Hammon Mar 16 1912 MC
Laura Jean Jun 25 1914 MC
Tressa Isabell Jan 5 1918 MC
Martha Lucile Oct 3 1919 MC
James Howard Mar 8 1922 MC
Wallace Pierce Oct 23 1924 MC
Katherine Mearl Aug 5 1926 MC

MURDOCH
Minnie ? 1905 Stillborn D
Annabell Sep 10 1907 Sep 14 1907D
Bessie Feb 26 1909 Feb 12 1980MC
Raymond Nelson Nov 18 1911 Oct 30 1975MC

BIGLER
Frieda Jessie Apr 10 1918 MC
Wanda Leona Aug 25 1916 MC
MURDOCH
Phyllis Beth Aug 17 1926 MC
WALL
Earl Vail Jul 26 1930 MC

NICOL
Thomas Murdoch Aug 26 1904 MC
Hyrum Chase Jr. Mar 19 1906 MC
Kenneth Crawford Jul 11 1908 MC
John Murray Jun 20 1912 MC
Alma Victor Mar 6 1916 MC
Alva Moroni Mar 6 1916 MC
Brigham Rue Jun 27 1919 Nov 19 1963MC
I Donnavieve Jul 12 1923 MC

symptoms do not reliably indicate BPs, (4) therapy will not cure but should control hypertension, and (5) a consistently followed regimen is usually compatible with an excellent prognosis and normal life-style. While diagnosis and treatment are the primary responsibility of the physician, making the decision to control hypertension and adhering to the prescribed regimen are critical behaviors for the patient.⁹

Successful therapeutic intervention and follow-up begin with an assessment of patient readiness to control BP and learn related behaviors. The patient's prior health practices and experiences with following health regimens should be considered along with physical, mental, and emotional capacities to adjust to recommended changes. For example, successful planning for long-term dietary changes would include considering established food practices, overall health, economic, and educational factors, and geographic and life-style factors.

Patients and health care professionals monitor progress toward goal BP and together resolve problems that would prevent them from achieving this goal. The success of the therapeutic alliance depends on the motivation of each of them and effective communication between the two of them. Professional attitudes that reflect a positive approach and sensitivity to racial, cultural, and individual differences can positively influence patient adherence to medical regimens.

Collaboration among health professionals is a further component of a successful BP control effort.¹⁰ Nonphysician health professionals can facilitate adherence and reduce demands on physician time by identifying adherence problems, suggesting solutions, educating patients, and monitoring the patient's progress toward normal BP.

Treatment

The goal of treating patients with hypertension is to prevent the morbidity and mortality attributable to high BP. This means the reduction of elevated BP to the extent that excess cardiovascular risk is eliminated. Although the benefits of therapy have been demonstrated in numerous clinical trials, the decision to initiate therapy in any patient requires the physician to consider at least two factors—the severity of the BP elevation and the presence of other complications or additional risk factors. The effectiveness of antihypertensive drugs in reducing elevated BP is well established. Nonpharmacologic approaches are used both as definitive intervention and as an adjunct to drug therapy.

Nonpharmacologic Therapy.—During the past five years, considerable evidence has developed concerning nonpharmacologic treatments for hypertension. These approaches have particular relevance for patients with mild hypertension but have also been shown to be of adjunctive value in patients with more severe hypertension receiving pharmacologic therapy.

Obesity.—There is a strong correlation between body weight and BP and between increases in body weight and increases in BP, particularly among children and young to middle-aged adults.¹¹ Weight reduction by caloric restriction often results in a substantial decrease in BP, even if the ideal body weight is not achieved. This BP reduction achieved through loss of weight is in addition to the effect of restricted sodium intake.¹² Although the rate of recidivism is high, weight reduction should be an integral part of therapy for all obese persons (>115% of ideal weight) with hypertension.

Sodium and Other Cations.—Moderate dietary sodium restriction to a level of 70 to 90 mEq/day (~2 g of sodium or 5 g of salt) may reduce elevated BP.^{13,14} Although only certain patients with hypertension may respond, there is no

Table 1.—Classification of BP	
Range, mm Hg	Category*
Diastolic	
<85	Normal BP
85-89	High normal BP
90-104	Mild hypertension
105-114	Moderate hypertension
≥115	Severe hypertension
Systolic, when diastolic BP is <90	
<140	Normal BP
140-159	Borderline isolated systolic hypertension
≥160	Isolated systolic hypertension

*A classification of borderline isolated systolic hypertension (systolic BP, 140 to 159 mm Hg) or isolated systolic hypertension (systolic BP, >160 mm Hg) takes precedence over a classification of high normal BP (diastolic BP, 85 to 89 mm Hg) when both occur in the same person. A classification of high normal BP (diastolic BP, 85 to 89 mm Hg) takes precedence over a classification of normal BP (systolic BP, <140 mm Hg) when both occur in the same person.

Table 2.—Follow-up Criteria for First-Occasion Measurement	
Range, mm Hg	Recommended Follow-up*
Diastolic	
<85	Recheck within 2 yr
85-89	Recheck within 1 yr
90-104	Confirm promptly (not to exceed 2 mo)
105-114	Evaluate or refer promptly to source of care (not to exceed 2 wk)
≥115	Evaluate or refer immediately to a source of care
Systolic, when diastolic BP is <90	
<140	Recheck within 2 yr
140-199	Confirm promptly (not to exceed 2 mo)
≥200	Evaluate or refer promptly to source of care (not to exceed 2 wk)

*If recommendations for follow-up of diastolic and systolic BPs are different for those aged 18 years or older, the shorter recommended time period supersedes and a referral supersedes a recheck recommendation.

hazard from moderate sodium restriction, and it may reduce the degree of potassium wastage associated with diuretic therapy. Therefore, patients with essential hypertension should be given proper counseling for moderate sodium restriction, including information about sodium labeling of canned, frozen, and other processed foods. Blood pressure response should be monitored to determine individual sensitivity to sodium restriction.

Evidence associating other cations (ie, potassium, calcium, and magnesium) with hypertension is less convincing and, therefore, specific therapeutic recommendations are not made. (The effects of diuretic therapy on cations are discussed later in the "Stepped-Care Approach" section.)

Alcohol.—Heavy alcohol consumption (>56.8 g/day of alcohol) may elevate arterial BP.¹⁵ Therefore, for controlling hypertension, those who drink should do so moderately (ie, <56.8 g/day of alcohol). One ounce (28 g) of ethanol is contained in 2 oz (56.8 g) of 100 proof whiskey, 8 oz (226.7 g) of wine, or 24 oz (680.1 g) of beer.

Fats.—In some recent studies, reduction of dietary saturated fat (to the extent that the polyunsaturated-saturated